

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

Rocky M. Contreras

v.

Omar Vazquez, U.S.C.G. (LT), et al.

Civil No.

'08 CV 1362 DMS WMC

REQUEST FOR APPOINTMENT OF
COUNSEL UNDER THE CIVIL RIGHTS
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);
DECLARATION IN SUPPORT OF
REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- A. my claim is meritorious (that is, I have a good case), and
B. I have made a reasonably diligent effort to obtain counsel, and
C. I am unable to find an attorney willing to represent me on terms that I can afford.

2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

Yes No

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"
5 determination?

6 ☐ Yes ☒ No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the
8 Commission's determination? Be specific and support your objections with fact. Do not simply
9 repeat the allegations made in your complaint; the court will review your complaint in considering this
10 request for counsel.

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12
13 *The Commission is*
14 *not involved*

15 *re*
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28 (Attach additional sheets as needed)

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4. Have you talked with any attorney about handling your claim?

____ Yes ☒ No

If "YES," give the following information about each attorney with whom you talked:

Attorney: _____

When: _____

Where: _____

How (by telephone, in person, etc.): _____

Why attorney was not employed to handle your claim: _____

Attorney: _____

When: _____

Where: _____

How (by telephone, in person, etc.): _____

Why attorney was not employed to handle your claim: _____

Attorney: _____

When: _____

Where: _____

How (by telephone, in person, etc.): _____

Why attorney was not employed to handle your claim: _____

(Attach additional sheets as needed)

722

1 5. Explain any other efforts you have made to contact an attorney to handle your claim:

2
3
4
5
6 6. Give any other information which supports your application for the court to appoint an
7 attorney for you:

8 I believe that the court will find that i make to much money, Note: this matter is related to Case No.
9 08CV0044 BEN (WMC) I am broke financially. it looks like I will have to represent myself, I will do what I
10 have to do in order to be heard by a judge. Please Realize that I need Counsel. I need help. Please appoint
11 me Counsel.

12 *THIS MATTER AND/OR INJUSTICE HAS BROUGHT MUCH*
13 *MENTAL & EMOTIONAL PAIN & SUFFERING AND HAS*
14 *INTERFERED WITH MY ABILITY TO BE GAINFULLY EMPLOYED*

15 7. Give the name and address of each attorney who has represented you in the last 10 years
16 for any purpose:

17
18
19 (Attach additional sheets as needed)

20 8. I cannot afford to obtain a private attorney. The details of my financial situation are listed
21 below:

22 A. Employment

23 Are you employed now? ___ yes ☒ no ___ am self-employed

24 Name and address of employer:
25
26
27
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ne

1 If employed, how much do you earn per month? _____

2 If not employed, give month and year of last employment: 07/18/08

3 How much did you earn per month in your last employment? \$31.25

4 If married, is your spouse employed? ____ yes ☒ no

5 If "YES," how much does your spouse earn per month? My spouse ran out on me
I am awaiting the
divorce papers.

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly
7 income? _____

8
9 B. Assets

10 (i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity
13 payments or other sources? ☒ yes ____ no

14 If "YES," give the amount received and identify the sources:

15 \$ Received

Source

16
17 Note: EXHIBITS A THRU S
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28 (Attach additional sheets as necessary)

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(ii) CashHave you any cash on hand or money in savings or checking accounts? ☒ yes ☐ noIf "YES," state total amount: \$235.00(iii) PropertyDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ yes ☒ no

If "YES," give value and describe it:

ValueDescriptionC. Obligations and Debts(i) DependentsYour marital state is: ☐ single ☐ married ☒ widowed, separated or divorced.Your total number of dependents is : 1

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/RelationshipMonthly Support Payment

deborah carol johnston

\$100.00

76


(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

<u>Creditor</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
Rent: renting room		\$225.00
Mortgage		
on Home: <u>None</u>		
Others: <u>Deborah C. Johnston</u> ex-wife alimony payments \$100.00 per month		

9. Signature

I declare under penalty of perjury that the above is true and correct.

Dated: July 21st, 08.

 Signature

(Notarization is not required)

25291 R. CONTRERAS SSA# 569-37-8450 / WEEK PAID 07-21-07 \$307.00
CLAIM EXPIRES 06-28-08 07-28-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$6440.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK. DETACH THIS STUB FOR YOUR RECORD

19690910

24881 R. CONTRERAS SSA# 569-37-8450 / WEEK PAID 09-01-07 \$307.00
CLAIM EXPIRES 06-28-08 09-08-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$4598.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK. DETACH THIS STUB FOR YOUR RECORD

20886931

24084 R. CONTRERAS SSA# 569-37-8450 / WEEK PAID 09-15-07 \$307.00
CLAIM EXPIRES 06-28-08 09-22-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$3984.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK. DETACH THIS STUB FOR YOUR RECORD

21126478

14748 R. CONTRERAS SSA# 569-37-8450 / WEEK PAID 09-29-07 \$307.00
CLAIM EXPIRES 06-28-08 10-06-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$3370.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK. DETACH THIS STUB FOR YOUR RECORD

21531589

EXHIBIT A

8736 R. CONTRERAS
CLAIM EXPIRES

SSA# 569-37-8450 / WEEK PAID
06-28-08

10-13-07 \$307.00
10-20-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$2756.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

200

ALLOW 10 DAYS FOR DELIVERY OF CHECK.

DETACH THIS STUB FOR YOUR RECORD

21876282

28595 R. CONTRERAS
CLAIM EXPIRES

SSA# 569-37-8450 / WEEK PAID
06-28-08

10-27-07 \$307.00
11-03-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$2142.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK.

DETACH THIS STUB FOR YOUR RECORD

22235114

33393 R. CONTRERAS
CLAIM EXPIRES

SSA# 569-37-8450 / WEEK PAID
06-28-08

11-10-07 \$307.00
11-17-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$1528.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK.

DETACH THIS STUB FOR YOUR RECORD

22624807

28554 R. CONTRERAS
CLAIM EXPIRES

SSA# 569-37-8450 / WEEK PAID
06-28-08

11-24-07 \$307.00
12-01-07 \$307.00

YOUR CLAIM BALANCE AFTER THIS PAYMENT IS \$914.00
UNEMPLOYMENT COMPENSATION IS TAXABLE. A QUESTION ON THE CLAIM FORM ALLOWS YOU TO REQUEST
FEDERAL INCOME TAX WITHHOLDING AT 10% OF YOUR PAYABLE AMOUNT. YOU MAKE A NEW WITHHOLDING
CHOICE ON EACH CLAIM FORM YOU SUBMIT.

ALLOW 10 DAYS FOR DELIVERY OF CHECK.

DETACH THIS STUB FOR YOUR RECORD

23018611

EXHIBIT B



LOCAL UNION No. 100 I.B.E.W.
AFFILIATED WITH FRESNO, MADERA, KINGS AND
TULARE COUNTIES BUILDING TRADES COUNCIL, AFL-CIO

Phone (559) 251-8241

1921 North Gateway, Suite 102, Fresno, California 93727

Introducing _____ Card No. _____ L.U. No. _____
Name Rocky M. Contrares Date: January 4, 2008
Street Address 519 N. STEVENSON ST
City VISALIA State CA Zip 93277
Contractor's Name CONTRA COSTA ELECTRIC
Worksite SHOP Location -
Day and Time 01/04/2008 12:00:00 AM Labor Classification (JW) JOURNEYMAN WIREMAN
Wage Scale 30.35 Travel \$10.50

Gerald Zumwalt
(Business Manager)

PLEASE NOTE:

You are required to present identification, such as a valid Driver's License and a Social Security Card, to your new employer. This is required by law to complete the I-9 form.

EXHIBIT C

PAGE 01/02

Earnings	HOURS	Kate	Wages	Adjustments	Amount	Deductions	This Pay
Regular	2.00	30.350	60.70			Gross	60.70
						Federal Tax	60.70

Gross	60.70	60.70
Federal Tax		
SocSec	3.76	3.76
Medicare	0.88	0.88
State Tax		
Local Tax		
SDI	0.49	0.49
Dues		
Vac	7.28	7.28
Misc	0.20	0.20

48.09

7075

*** Non-Negotiable ***

EXHIBIT D

CHECK NO.

Earnings		ROCKY M. CONTRERAS		Emp# : 18964	Dept: 100	Pay Ending	01/20/2008
	Hours	Rate	Wages	Adjustments	Amount	Deductions	This Pay To Date
Regular	22.50	30.350	682.88			Gross	865.00
Overtime	4.00	45.530	182.12			Federal Tax	91.91
							2,170.08
							240.73

EXHIBIT F



Contra Costa Electric

An EMCOR Company

Contra Costa Electric, Inc.

4690 E. Carmen Ave.

Fresno, CA 93703

Ph: 559.252.1114 • Fax: 559.252.1177

Rocky Contreras,

I would like to individually thank you for all your hard work here at the Pixley Ethanol Plant. Your dedication, quality and craftsmanship have not gone unnoticed. Your efforts and focus on safety is greatly appreciated

Please accept this gift card for all you have done.

Thank You,

Matt Furrer
Project Manager
Contra Costa Electric

EXHIBIT G



LOCAL UNION No. 100 I.B.E.W.

Phone (559) 251-8241

AFFILIATED WITH FRESNO, MADERA, KINGS AND
TULARE COUNTIES BUILDING TRADES COUNCIL, AFL-CIO

1921 North Gateway, Suite 102, Fresno, California 93727

Introducing _____ Card No. _____ L.U. No. _____
Name Rocky M. Contreras Date: February 12, 2008
Street Address 519 N. STEVENSON ST
City VISALIA State CA Zip 93277
Contractor's Name HOWE ELECTRIC
Worksite SHOP Location -
Day and Time 2/13/2008 7:00:00 AM Labor Classification (JW) JOURNEYMAN WIREMAN
Wage Scale 30.35 Travel \$

Gerald Zumwalt
(Business Manager)

PLEASE NOTE:

You are required to present identification, such as a valid Driver's License and a Social Security Card, to your new employer. This is required by law to complete the I-9 form.

EXHIBIT H

HOWE Electric, Inc.

4682 E. OLIVE AVENUE, FRESNO, CALIFORNIA 93702-1636

082197

HOURS		RATE	EARNINGS		BASIS	OTHER PAY		DESCRIPTION
REGULAR	OVERTIME		REGULAR	OVERTIME		RATE	AMOUNT	
2.00			30.35	60.70	1.00	20.00	20.00	DGSCRN

2-07-08 to
2-13-08

CHECK NO.

NO. 82197

TOTAL GROSS

60.70

DEDUCTIONS THIS PERIOD	
MED	.88 SOC
	3.76 CASDI
	.49 LMCC
	.20 VAC
	7.28

TOTAL DEDUCTIONS

12.61

NET PAY

EMPLOYEE INFORMATION		YEAR-TO-DATE TOTALS	
ROCKY MEL CONTRERAS	4342	GROSS	60.70 FICA
		FWH	.00 SWH
			4.64 SDI
			.00
			.49
			68.09

HOWE Electric, Inc.

4682 E. OLIVE AVENUE, FRESNO, CALIFORNIA 93702-1636

082419

HOURS		RATE	EARNINGS		BASIS	OTHER PAY		DESCRIPTION
REGULAR	OVERTIME		REGULAR	OVERTIME		RATE	AMOUNT	
32.00			30.35	971.20				

PAY PERIOD

2-14-08 to
2-20-08

CHECK NO.

NO. 82419

TOTAL GROSS

971.20

DEDUCTIONS THIS PERIOD	
FWH	87.46 MED
	14.08 SOC
	60.22 CASDI
	7.77 CASWH
	14.75

TOTAL DEDUCTIONS

304.02

NET PAY

EMPLOYEE INFORMATION		YEAR-TO-DATE TOTALS	
ROCKY MEL CONTRERAS	4342	GROSS	1031.90 FICA
		FWH	87.46 SWH
			78.94 SDI
			14.75
			8.26
			667.18

EXHIBIT H

HOWE Electric, Inc.
4682 E. OLIVE AVENUE, FRESNO, CALIFORNIA 93702-1636

084165

HOURS	EARNINGS	REGULAR	OVERTIME	BASIS	OTHER PAY	DESCRIPTION
REGULAR	REGULAR	REGULAR	OVERTIME		AMOUNT	
26.00	30.35	789.10		3.00	10.50	31.50 SUB
				1.00	25.00	25.00 DGSCRN
						4-10-08 to 4-16-08

CHECK NO.
No. 84165

TOTAL GROSS

789.10

HOURS	EARNINGS	REGULAR	OVERTIME	BASIS	OTHER PAY	DESCRIPTION
REGULAR	REGULAR	REGULAR	OVERTIME		AMOUNT	
FWH	60.14	MED	11.44	SOC	48.93	CASDI
LMCC	2.60	VAC	94.69		6.31	CASWH
						7.46

TOTAL GROSS

231.57

NET PAY

EMPLOYEE INFORMATION	YEAR TO DATE TOTALS
ROCKY MEL CONTRERAS	
4342	GROSS 4203.48 FICA 321.57 SDI 33.63
	FWH 388.53 SWH 72.25
	614.03

HOWE Electric, Inc.
4682 E. OLIVE AVENUE, FRESNO, CALIFORNIA 93702-1636

084357

HOURS	EARNINGS	REGULAR	OVERTIME	BASIS	OTHER PAY	DESCRIPTION
REGULAR	REGULAR	REGULAR	OVERTIME		AMOUNT	
40.00	30.35	1214.00		5.00	10.50	52.50 SUB
						4-17-08 to 4-23-08

CHECK NO.

No. 84357

TOTAL GROSS

1214.00

HOURS	EARNINGS	REGULAR	OVERTIME	BASIS	OTHER PAY	DESCRIPTION
REGULAR	REGULAR	REGULAR	OVERTIME		AMOUNT	
FWH	144.07	MED	17.60	SOC	75.26	CASDI
LMCC	4.00	VAC	145.68		9.71	CASWH
						34.06

TOTAL DEDUCTIONS

430.38

NET PAY

EMPLOYEE INFORMATION	YEAR TO DATE TOTALS
ROCKY MEL CONTRERAS	
4342	GROSS 5417.48 FICA 414.43 SDI 43.34
	FWH 532.60 SWH 106.31
	836.12

EXHIBIT

HOWE Electric, Inc.
4682 E. OLIVE AVENUE, FRESNO, CALIFORNIA 93702-1636

082651

40.00 30.35 1214.00

2-21-08 to
2-27-08
CHECK NO.

NO. 82651

TOTAL GROSS

1214.00

HOURS	RATE	EARNINGS		BASIS	RATE	OTHER PAY		DESCRIPTION
		REGULAR	OVERTIME			AMOUNT		
FWH 123.88	MED	17.61	SOC	75.27	CASDI	9.71	CASWH	26.39
LMCC 4.00	VAC	145.68						

TOTAL DEDUCTIONS

402.54

EMPLOYEE INFORMATION

YEAR-TO-DATE TOTALS

NET PAY

HOURS	RATE	EARNINGS		BASIS	RATE	OTHER PAY		DESCRIPTION
		REGULAR	OVERTIME			AMOUNT		
ROCKY MEL CONTRERAS 4342		GROSS	2245.90	FICA	171.82	SDI	17.97	
		FWH	211.34	SWH	41.14			811.46

HOWE Electric, Inc.
4682 E. OLIVE AVENUE, FRESNO, CALIFORNIA 93702-1636

082869

38.50 30.35 1168.48

2-28-08 to
3-05-08
CHECK NO.

NO. 82869

TOTAL GROSS

1168.48

HOURS	RATE	EARNINGS		BASIS	RATE	OTHER PAY		DESCRIPTION
		REGULAR	OVERTIME			AMOUNT		
FWH 117.05	MED	16.94	SOC	72.44	CASDI	9.35	CASWH	23.65
LMCC 3.85	VAC	140.22						

TOTAL DEDUCTIONS

383.50

EMPLOYEE INFORMATION

YEAR-TO-DATE TOTALS

NET PAY

HOURS	RATE	EARNINGS		BASIS	RATE	OTHER PAY		DESCRIPTION
		REGULAR	OVERTIME			AMOUNT		
ROCKY MEL CONTRERAS 4342		GROSS	3414.38	FICA	261.20	SDI	27.32	
		FWH	328.39	SWH	64.79			784.98

EXHIBIT K

HOWE Electric, Inc.
4682 E. OLIVE AVENUE, FRESNO, CALIFORNIA 93702-1636

084358

HOURS		RATE	EARNINGS		OTHER PAY		DESCRIPTION
REGULAR	OVERTIME		REGULAR	OVERTIME	BASIS	RATE	
16.00		30.35	485.60		2.00	10.50	21.00 SUB

4-24-08 to
4-25-08

CHECK NO.

NO. 84358

TOTAL GROSS

485.60

DEDUCTIONS THIS PERIOD

FWH	34.81	MED	7.04	SOC	30.11	CASDI	3.88	CASWH	5.73
LMCC	1.60	VAC	58.27						

TOTAL DEDUCTIONS

141.44

EMPLOYEE INFORMATION

YEAR-TO-DATE TOTALS

ROCKY MEL CONTRERAS	4342	GROSS	5903.08	FICA	451.58	SDI	47.22	NET PAY	365.16
		FWH	567.41	SWH	112.04				

EXHIBIT L

EXHIBIT M